

THE NEW ENGLAND DEACONESS HOSPITAL



ANNUAL REPORT • 1962

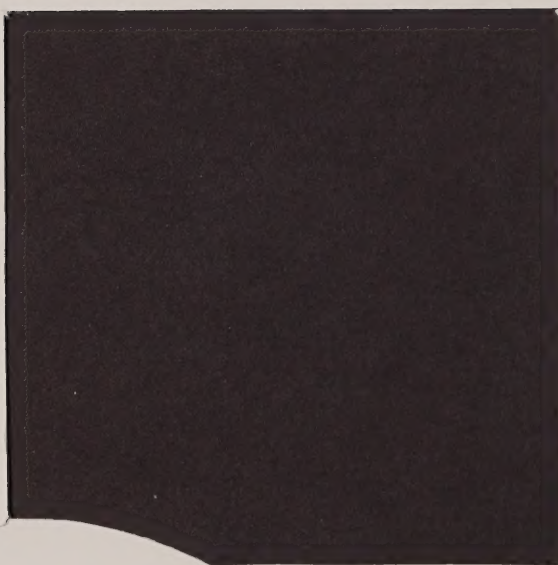




TABLE OF CONTENTS

Report of the President	3
Report of the Executive Director	5
Annual Report of the Medical Staff	10
Elliott Proctor Joslin — 1869–1962	18
Report of the Friends	20



EMPHASIS

... on the patient!

Every aspect of the New England Deaconess Hospital is devoted to our patients ... their care, comfort and recovery. « « « « « «

Officers of the Corporation	22
Executive Committee of Trustees	22
Administration	22
Report of the Treasurer	23
Balance Sheet	24–25
Income Statement	26
General Fund Account	27
Members of the Corporation	28
Board of Trustees	29
Medical Administrative Board	30
Senior Active Staff	30–31
Junior Active Staff	32





Report of the President

THERE is a tendency as we review annual accomplishments, I believe, to isolate into various spheres of responsibility those who make the accomplishments possible. Too often we concentrate on the individual department problems and progress without reflecting on the common denominator of all departments.

This denominator, I find, is the constant striving, through contrasting talents, to serve the one person for whom the New England Deaconess Hospital exists — *the patient*.

It would be most fortunate if every patient and every potential patient could see this personal fervor and professional ability which is dedicated to the patient's health, morale and finances. The Deaconess Hospital has always recognized the complex burden imposed by illness. Restoration of health is the primary goal, but this must be achieved with minimal cost and with consideration for the spiritual and emotional well-being of the patient.

The accomplishments of our medical staff are world renowned. National honors have been bestowed upon our department heads for superiority in their many fields. And one group for whom patients, themselves, offer extreme gratitude is the Friends of the Deaconess.

Our service to the patients would be far from complete without such activities as Diversional Therapy, the Courtesy Cart and the Flower Shop. Funds donated by the Friends from such morale-boosting facilities as the Coffee Shop and the Thrift Shop have contributed greatly to the comfort and well-being of patients at no additional cost to them.

These fund-raising programs assume new importance each year, for rising hospital costs are of prime concern to the patient. Holding down costs has long been recognized as a primary responsibility by each of our department heads. This awareness, coupled with their outstanding training and dedication, has resulted in an efficient operation of which we are proud.



Final responsibility for the financing of our hospital rests, of course, with those of us who are trustees. All too often, critics overlook or ignore the fact that a majority of hospital trustees are leading business men and women. They are individuals who have been successful in our highly competitive business world. In order to be successful in business, they have had to choose carefully the personnel to occupy key positions in their organizations and they have had to practice every possible efficiency to hold costs in line. These trustees have insisted that the same business principles must be applied to the operation of hospitals.

We have adopted and will continue to adopt every known method of achieving efficiency and savings. We recognize the minimizing of costs as an obligation to our patients.

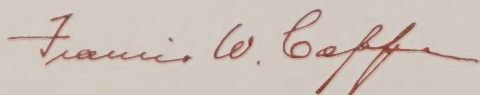
But we have another obligation — not only to the people from our nearby communities, but also to patients who come to our hospital from every corner of the globe.

The Deaconess would not have reached its present prominent position as a leading medical center if those in charge had been unwilling to invest in new departments, purchase and develop new pieces of equipment, and do the research and development necessary to institute new methods of patient care.

When we take a member of our family to the hospital in the middle of the night, we expect the hospital to have every piece of equipment that may be necessary for the care of the patient. We demand that the hospital be fully equipped to meet any emergency and that the personnel be available and ready to go into action twenty-four hours a day, 365 days a year.

Since curtailing service in our hospital is unacceptable to us, we must recognize that someone has to pay for the privilege of having the finest medical care available at all times.

On behalf of the Corporation, I wish to express our deep appreciation to the Medical Staff, Administration, Friends of the Deaconess, department heads and all personnel for their cooperative effort which enables the Deaconess Hospital to serve all of the patient's needs effectively and efficiently.



FRANCIS W. CAPPER
President





Report of the Executive Director

A RECORD-BREAKING 10,915 patients entered the New England Deaconess Hospital in 1962, surpassing all previous marks with a total stay of 119,391 patient days. Occupancy for the year was 88 per cent.

The burden of caring for the largest number of patients in the hospital's history was heavy in all departments, but despite the many demands and pressures, our general personnel situation was a notable reflection of the effort in recent years to upgrade personnel policies.

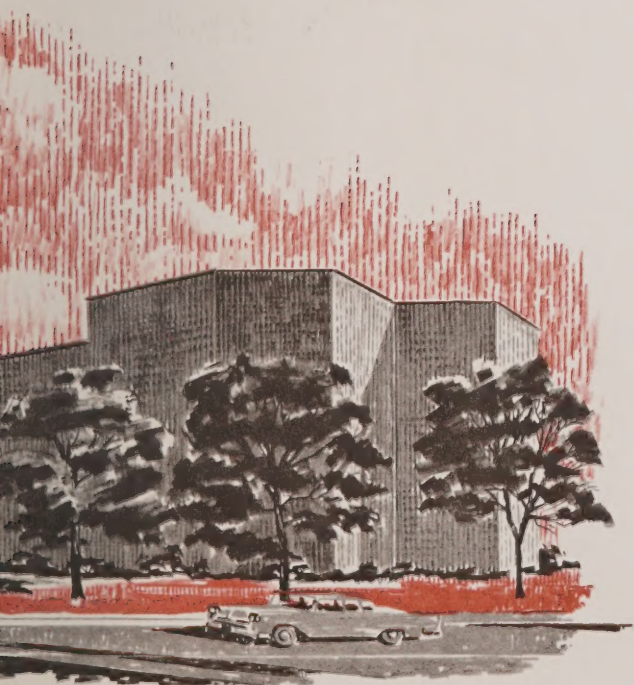
Turnover rate was the lowest since the depression years. Not only was this an economy for the hospital but it assured our patients of the type of quality care that results from employee experience and job satisfaction.

Many forms of mechanization have been introduced to hospitals, and yet it is evident that automation will never reach the degree it has in industry. The essence of patient care is personal service by qualified, dedicated employees. We have strived to employ and retain the highest caliber of personnel, for we are convinced that this is vital in serving our patients to the fullest degree possible.

Among the encouraging trends was the success, despite a general nursing shortage, in hiring enough nurses to meet our needs. Several factors may be cited as contributing to the improved employee situation.

While in past years we believed the bare minimum wage would suffice and, in fact, was advisable for economical operation, we are now trying to keep slightly higher than the required minimum. The minimum hourly rate was increased to \$1.20 in February of 1962. It will advance to \$1.25 in April of 1963 and \$1.30 an hour the following October.

The deserving employee has an opportunity to obtain salary increases over a period of years, up to a maximum of about 30 per cent of his base salary. Other factors contributing to increased job satisfaction include the pension plan, improved housing, the Autumn Street apartments







and better orientation of our new employees.

At the end of September, the hospital had 1,145 employees — 852 full time and 293 part time. The economic impact of achieving a low turnover rate can be seen in the fact that it costs an estimated \$300 to replace an employee. A low turnover rate reduces expenses, increases employee efficiency and contributes to a high quality of patient care which is traditional at the Deaconess Hospital.

This is not to say, however, that there are no personnel problems. Shortages exist in some departments, primarily at the supervisory level. Our Dietary Department has been seriously handicapped during the past year by our inability to obtain enough dietitians.

There is a nationwide shortage of dietitians, and hospitals are further handicapped by having to compete with industry for their services. The greatest drawback is the hours our Dietary Department must be covered. Many positions are available in industry for the dietitian who prefers to work from 9 a.m. to 5 p.m., with weekends off. Hospitals need dietitians approximately 12 hours a day, 7 days a week.

During fiscal 1962, the hospital was geared to a predicted 114,000 patient days. The increase of more than 5,000 days above this estimate meant the difference between a deficit and a slight surplus. The departmental expense budget for the coming year is \$6,182,000 — a budget based on a deficit of \$57,000.

Balancing the budget with our present scale of charges to the patient seems impossible, and since we wish to do everything in our power to avoid a rate increase, we have projected this deficit budget.

The report of a single year fails to provide a complete picture of the financial position. A small surplus in one year is inevitably wiped out by a loss the following year. Thus, a more accurate understanding of the financial situation is derived from a review of the deficits and surpluses over a period of five or ten years.

In the past decade the hospital has operated within an average of about 1 per cent of its budget. Tight financial control is most important in this era of rising hospital costs, but it is not the ultimate guide in determining the success of a hospital.

Quality of care to our patients is the most important norm for measuring the hospital's stature and progress. Compliments from members of the medical staff and our patients regarding the caliber of care constitute one yardstick for evaluating the hospital's standing. Such compli-

ments are numerous, but we are far from satisfied. Improvement of service to our patients is a constant effort and many measures are being taken to accomplish still better care. Keeping pace with the ever-changing methods of medical care is a recognized challenge at the Deaconess Hospital.

Bids were submitted on the new office building and parking facility in March. The contract was awarded in April at a cost of \$4,300,000. Target date for opening the parking facility is the summer of 1963 and office building occupancy is expected by the end of the year. Already overtaxed parking lots were inadequate during the construction period and the hospital is deeply indebted to Temple Israel for allowing us to use 100 parking spaces until Dec. 31, 1963.

Many improvements were made in the plant during the past year. New automatic elevators were installed in the Palmer, Baker and Deaconess Buildings, eliminating the need for operators and saving \$12,000 a year. The Kent Street residence for graduate nurses was completely refurnished and redecorated. Much new equipment was installed in the Autumn Street apartments.

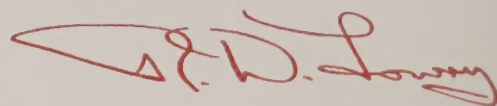
Remote control television sets were installed on Central 3, with the nurses call system and a separate system for music incorporated. The laboratories are being renovated and many other areas of the hospital have been modernized. Much new equipment has been purchased and many older units of equipment have been replaced. The medical residency training program has been improved and expanded.

Numerous department heads were honored by their respective professional organizations during the year, among them Purchasing Agent Clifford Fisher, Credit Manager Milton Nelson and Laundry Manager Walter Emery. Miss Ruth Pendleton, Director of Surgeries, started the first postgraduate course in operating room supervision in the nation.

Plans for the radiation research building have advanced considerably, and this dramatic new facility should be under construction by the time of the next annual meeting.

Although this past year has been busy for the administration and employees, the coming year promises to be even more demanding. When everyone is under pressure, it is vitally important that close teamwork exist between all who are connected with the hospital. I am deeply grateful for the spirit of cooperation between the departments, and on behalf of all department heads and adminis-

tration, I wish to express our appreciation to our officers, Mr. Francis Capper, Mr. Henry Rogerson, Mr. Laurens Maclure — to the members of our Executive Committee, the Budget Committee, the Building Committee, the Friends of the Deaconess and to all others who continue to extend such invaluable guidance and assistance.



R. D. LOWRY
Executive Director





Annual Report of the Medical Staff

AN ANNUAL REPORT should be something beyond the recitation of statistics or else we remain insensitive to the greater significance of what is taking place. The figures tell us that the work load has increased, that the patient population continues to be predominantly medical, although the number of surgical operations remains about the same and that the hospital census has continued at an all-time high.

In considering the activities of the several departments and the many diverse disciplines which must function together if the hospital, a complex unit, is to contribute to patient need with increasing effectiveness, an important trend becomes evident. This is the continued evolution of a more unified staff. This highly desirable and necessary evolvement of a staff oriented toward continued improvement of the Deaconess Hospital in all its functions is substantial assurance that the future can be met with increased vigor and strength. The gradual but steadily increased participation of all departments in hospital functions is witnessed in the weekly Tumor Conference, where representatives of Pathology, Radiology, General Medical, General Surgical and, very often, members of the Lahey Clinic meet to discuss how best to manage the difficult and complicated problems which may arise in the patient with malignant disease. This cooperative approach has resulted in better patient care, a teaching mechanism for House Staff and Staff doctors, and has provided many patients with concrete evidence their problem is being carefully considered.

The further extension of existing, and the development of new, Deaconess Hospital functions which will cut across party and departmental lines is needed so that the tremendous capacity present in our staff can be more effectively utilized for the betterment of patient care and the ever-increasing responsibilities of education and research at the Deaconess.

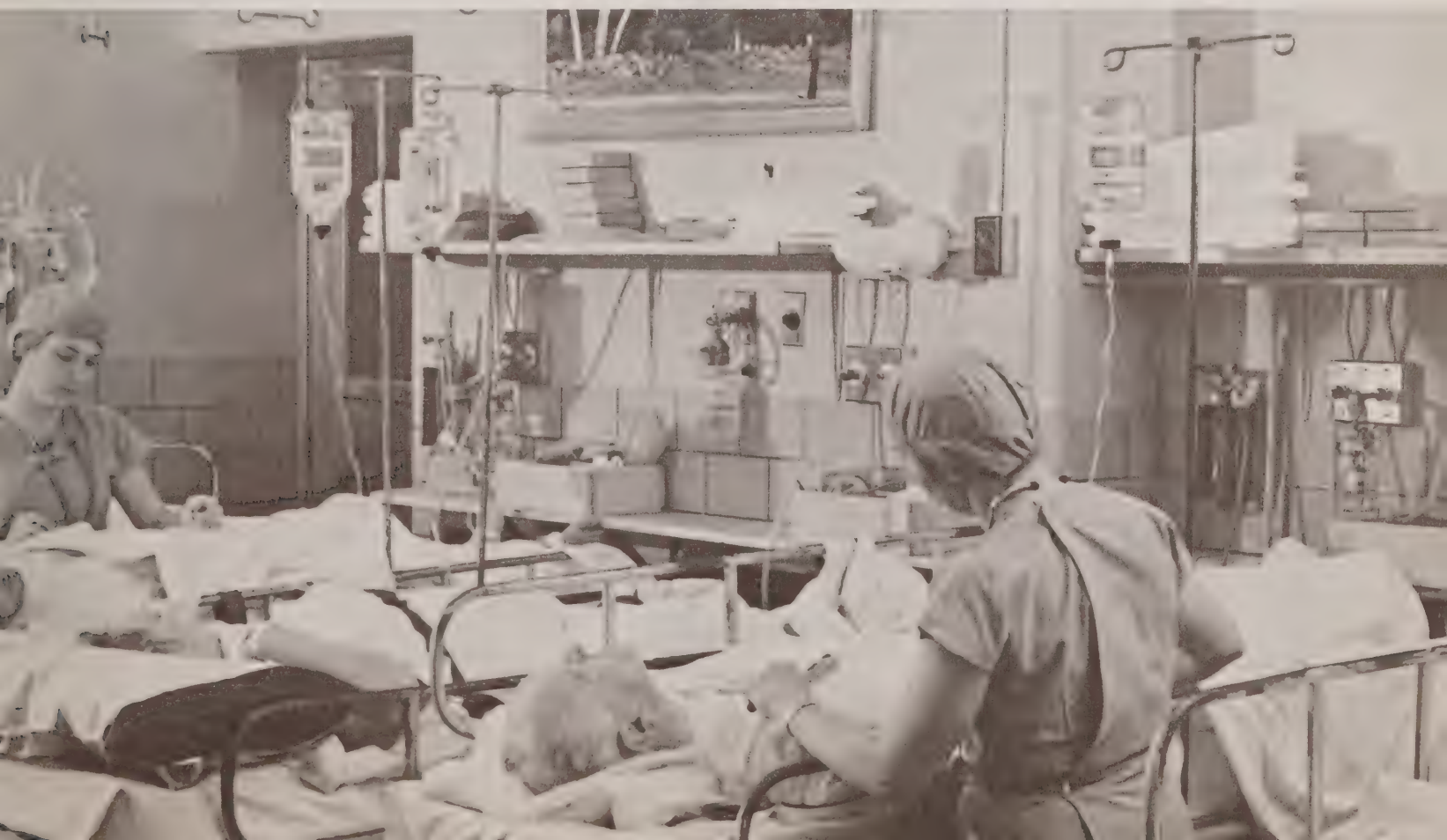


On the General Surgical Service the Deaconess contributes its share in the performance of the more complex procedures, such as repair of hearts and replacement of major vessels, while everyday surgery continues apace and makes up the great majority of the 5,200 operations annually performed here. In these more numerous though less publicized procedures which have gained acceptance by the public as routine, progress is often less overt, yet refinements are steadily being made to reduce further their already low morbidity and mortality. Methods and materials are constantly under review to lessen the untoward effects of anesthesia and operation, to control preoperative and postoperative infections, to lessen the likelihood of spread of tumor cells during surgery, and to improve the patient's comfort in convalescence. The proportionate number of beds occupied by surgical patients has decreased. The lessened proportion of surgical beds is due in part to a gradual transition from surgical to medical management in some fields, as, for example, in thyroid disease and tumor management. In some of these areas, through use of drugs, radioactive isotopes or super-voltage X-ray therapy, equal or superior results have been achieved. This is particularly apparent in hospital management of the cancer patient whose disease is beyond surgical control. These patients are now being managed by the internist rather than the surgeon. Thus, a relative decrease

in number of surgical beds, while the number of operations has remained fairly constant, reflects, in fact, important progress.

Such progress is neither spontaneous nor self-sustaining, but is brought about and maintained by the work of many. Although the seed of suggestion is often planted by an individual member of the Medical, Nursing or Administrative Staff, it is the working committees of the staff that nurture and cultivate the idea and weed out conflicting problems. It is often the many hours contributed by members of these committees of Nursing, Medical and Administrative Staffs to which our continued progress in the care of the patient may be traced. The General Surgical Service continues its valuable association with the Fifth Surgical (H.M.S.) Service of the Boston City Hospital. Measures are in progress to strengthen this program by more fully utilizing the teaching potential of our staff.

During the past year the General Medical Division has continued its efforts to develop further the educational program of the New England Deaconess Hospital. This has been done in the belief it will serve three important goals: first, it will improve the quality of patient care through both the intellectual stimulation offered by an alert resident training staff and through the 24-hour-a-day professional coverage which such residents offer; second, it will fulfill the hospital's opportunity to utilize its unique



facilities and talent through participation in postgraduate teaching; and third, active collaboration between the medical division of the General Staff and the medical divisions of the Joslin and Lahey Clinics will be strengthened.

The expanded, three-year Medical Residency Program began its first full year of operation on July 1, 1962. Currently, there are fifteen residents in the program, as well as five clinical fellows who are carrying out sub-specialty training in cardiopulmonary physiology, hematology or oncology. The residents rotate through each of the three medical services the first year and spend their full time in the hospital wards during the next two years. The hospital was privileged to be offered interim accreditation of this program for Board certification in Internal Medicine.

The weekly Medical Grand Rounds have been scheduled at a new hour to permit joint participation by the General Medical Division and the Joslin Clinic. The monthly breakfast meeting of the General Medical Division has also been rescheduled, permitting attendance at the Lahey Clinic Medical Conferences.

The teaching program has been further augmented by the establishment of the Malcolm I. Humphrey Lectureship in Hematology made possible by generous contributions given in his memory by his many friends.

A formal course in Electrocardiography, with participants from each of the three medical groups, has been conducted weekly, September through December.

Although the Medical Service considers patient care its primary function, the diverse activities of the General Staff have included participation in many types of clinical research. These activities include: the circulatory state of human hormones; the decreased incidence of homologous serum hepatitis after transfusion of washed frozen blood; humoral factors influencing the formation of autologous cellular antibodies; the evaluation of new chemical agents in the treatment of advanced malignancy; and the banking of human bone marrow for later use after intensive chemotherapy and radiation. The Cardiopulmonary Laboratory, under the direction of Dr. James A. Bougas, in addition to its function in diagnosis of cardiac disorders, has three research fellows engaged in studying cardiopulmonary physiology. This program is being conducted in collaboration with the Department of Cardiology at the Children's Medical Center and the West Roxbury Veterans Hospital. The Cardiopulmonary Laboratory plays an active, growing and important part in the hospital program.

The Chemotherapy Program of the Lahey Clinic under

the direction of Drs. Robert Sullivan and Elton Watkins provides a very active and important therapeutic and investigational function. Chemotherapy is not yet established as curative treatment for malignant disease, but much work must be done to determine how best to use the drugs presently available and, also, to carefully evaluate the almost limitless number of new drugs which become available. Drs. Sullivan and Watkins are well equipped to carry out this important program. Dr. Watkins is also actively engaged in a hospital program to accumulate statistically valid experience on the use of reconstituted frozen glycerized red cells in place of whole blood transfusion. The Protein Foundation, Inc., and the Blood Preservation Laboratory of the Chelsea, U. S. Naval Hospital are engaged in the program which is being implemented by cooperation of the entire hospital staff.

In the spring of 1962, Dr. George O. Bell of the Lahey Clinic and Dr. David L. Jofte of the Cancer Research Institute of the New England Deaconess Hospital undertook a joint study of the types and amounts of circulating thyroid products in the plasma of patients with various types of thyroid disease, and in animals with experimentally radiation-damaged thyroids. Space and supervision are to be furnished by the Cancer Research Institute. The expenses of the project are to be evenly divided between both institutions. A radiochromatogram scanner and integrator, as well as a chromatography chamber, were purchased specifically for this work.

While the combination of radioactive tracers and chromatography provides a tool of great sensitivity and precision, the complexities of research with either are multiplied greatly when they are combined. Despite problems, it has already been possible to chromatographically separate an artificial mixture of the four principal compounds of interest, namely, monoiodotyrosine, diiodotyrosine, triiodothyronine and thyroxine. It is hoped shortly to be scanning plasma on a routine basis so that the information can be used in evaluating the thyroid status of patients before treatment and in evaluating the progress of patients under treatment.

The year has been marked by a notable increase in the number of patients with diabetes who sought treatment. The remarkable prolongation of life, particularly among those patients whose diabetes had its onset in early childhood, is an important factor in this. Among patients now admitted is an increasingly large group made up of the relatives of past patients, particularly those in whom special





diagnostic methods and studies have caused recognition of diabetes in an early stage. The intense interest of the medical profession in early diabetes and even prediabetes is largely responsible for this. Special long-term studies involving medical and surgical complications are noteworthy. One such is the investigation of medical and surgical technics directed to the pituitary gland and designed to protect patients threatened with loss of vision.

Research work has continued under the direction of Dr. Albert Renold in the Research Laboratory of the Baker Building. The staff of physicians, chemists and research associates is engaged in a program which includes teaching at the Harvard Medical School, participation in the postgraduate programs and many contributions to the medical literature.

The Hospital Teaching Unit with beds for 40 ambulatory patients has been utilized to the fullest. Instruction of diabetic patients is under the supervision of physicians at 10:30 each morning and the teaching nurses at 1 p.m. The teaching nurses give their full time to classroom and bedside teaching, making possible a shortened hospital stay of patients without surgical complications. An unusual experiment was employed for patients in the Teaching Unit and children at the summer camp. The Autotutor, an electric device, presents by the push of a button specific instructive exercises followed by questions. The patient, if he answers the questions correctly, goes on from one instruction to another. However, if he fails to answer the question, the question is automatically returned for his review. The apparatus proved of interest to our patients and may eventually aid in facilitating the spread of information and instruction.

The instruction of medical students from Tufts Medical School and Harvard Medical School has continued.

The Department of Radiology during the past year performed three types of examination which had not previously been done here. Each of the examinations was devised during recent years for the better assessment and thereby the better treatment of patients with benign and malignant tumors.

X-ray examination of the female breast (mammography) has been done by a few radiologists for many years. The examination is technically difficult and requires at least three views of each breast, but recent review of the problem in a few large centers has shown that tumors which are too small to be palpated may be demonstrated and properly identified on films of fine detail. This technic has

been a very valuable diagnostic tool in several instances.

The second new examination (lymphangiography) is carried out by making films of the abdomen following injection of an opaque dye into the lymph vessels of the foot. The procedure provides a more accurate assessment of the condition of lymph nodes in the posterior abdomen than was previously possible. The number of these examinations here and elsewhere is relatively small to date, and much more is to be learned with additional experience.

The third new examination requires, for almost an hour, the complete attention of one radiologist and two technicians using one of the more expensive pieces of apparatus. This examination is called a nephrotomogram. Although a good deal of time and expensive apparatus is required, it is not difficult for the patient and might, in fact, be done on an out-patient basis. The purpose of the examination is to differentiate between benign and malignant tumors of the kidney. In the past it was possible to make a reasonably accurate preoperative diagnosis in something less than half of these patients. Therefore, it was necessary to operate on most of these patients even when there were strong suspicions that the tumor was benign and of no importance. Recent experience in one of the large New York hospitals has shown that the nephrotomograms yield very accurate information so that it is possible to avoid exploring the obviously benign lesion.

The new photo roentgen apparatus installed in the small room adjacent to the admitting office about a year ago has proved very satisfactory and helpful. The amount of radiation required for this survey film is very small, but the film is of high quality. Therefore, this apparatus is used for the routine, periodic chest films of all our nurses and other employees, in addition to the admission film of patients coming into the hospital. An increasingly large number of out-patients are also being done without appointment.

During the early spring of the year, the main darkroom was completely remodeled and an automatic machine for film processing was installed. Films come out of the machine completely processed and dried after only 7 minutes. The machine is shut down each day at 4 p.m. and is then carefully cleaned and put in order for the following day. Films taken during the late afternoon and night are processed by hand in the smaller darkroom.

One of the major problems of the department occurred during the latter part of March when it became necessary to install a new X-ray tube in the 2,000,000 volt therapy

machine. The previous tube had been in use since March, 1955, and had given almost 4200 hours of service (a single treatment requires 3 to 6 minutes). The new tube cost \$17,000 and total cost of labor and parts for the 9-day operation was \$21,776. This high cost of tube replacement must be viewed against a background of average annual service cost of less than \$1,000. Being without the big machine for 9 days served to recall that high voltage radiation has a real virtue in the treatment of patients with inoperable cancer. With the big machine, a patient can receive a larger amount of radiation with only minimal skin reaction. It is not possible to accomplish this with lower voltage equipment.

The volume of laboratory work increased 10 per cent over the previous year, reflecting not only the high occupancy level in the hospital, but also the addition of new procedures and improvements on old procedures. The time and work involved in adding new procedures and improving on old procedures cannot be adequately represented by figures. For example, it is significant to compare two tests: blood sugar determination that was done 78,500 times and a new method for determining serum iron level which was done 448 times. The 448 times the new method for determining serum iron level was performed represents a great deal more time and background work than is represented by the work load of performing 78,500 blood sugar determinations.

The use of a new micro pH meter makes for such accuracy that the relative alkalinity or acidity of blood can be determined to 1/1000 of a unit. It also reduces the drain on a patient because it makes the determination as less than one drop of blood.

The most modern dishwasher in the area has been installed to help maintain the chemical cleanliness so essential to the accurate technics of clinical chemistry in large volume. With some measurements, the presence of the residue from drying one drop of tap water would introduce inaccuracy!

Sometimes it is difficult to accept the importance of the post mortem examination in good medical practice, especially when the number of autopsies increases every year and each examination requires a large crew of staff and resident pathologists, several different kinds of technicians and typists. Without the post mortem examination, however, we would be deprived of one of the most important controls of medicine. The autopsy also provides a path to the understanding of, and a mechanism for, the





teaching of disease processes. It is also an invaluable guide to the intelligent treatment of disease. These benefits all accrue to the patient's family.

The School of Medical Technology established in cooperation with Northeastern University and in operation little more than a year has successfully expanded to provide well-trained laboratory personnel in the future. This is only the newest of the many teaching functions of the laboratory.

The members of the laboratory staff feel obliged to be leaders in the advance of good laboratory medicine, not only in this hospital, but generally. Dr. Bradley E. Copeland is a member of the Standards Committee of the College of American Pathologists and is Chairman of the Council on Clinical Chemistry of the American Society of Clinical Pathologists. Dr. William A. Meissner conducted seminars for the annual Penrose Cancer Seminar in Colorado Springs, for the Mexican Second National Congress of Radiology and for the Michigan State Pathological Society.

Everyone regrets the loss of Dr. Samuel P. Hicks who left to become Professor of Neuropathology at the University of Michigan School of Medicine. Dr. Robert A. Brooks, now in Lincoln, Nebraska, has also been lost to the department. Dr. T. Elliott Young has joined the staff and will give particular attention to radioisotopes, hematology and blood coagulation problems. Dr. Gilbert H. Friedell is also new and will work both in the Cancer Research Institute and in the Pathology Laboratory.

The Cancer Research Institute is actively engaged in research in problems of radiation carcinogenesis, adaptive enzymes of tumor and normal cells, the spread of tumors, and the effects of certain radioactive isotopes on endocrine gland function. It has also maintained a training program in Radiobiology for the U. S. Public Health Service.

We are happy that Dr. W. Eugene Knox, now Associate Professor of Biological Chemistry, Harvard Medical School, has returned to the Deaconess from his duties as Chairman of the Department of Biochemistry at the American University in Beirut.

The staff has been strengthened in the Experimental Pathology field by the appointments of Drs. Moses Levene and Christopher M. Wiseman, and in Biological Chemistry by Dr. Keiko Tokuyama. The Institute now has a staff of 23 senior and junior scientists and 41 technicians, secretaries and ancillary personnel with a budget of approximately \$500,000 this past year.



ELLIOTT PROCTOR JOSLIN

1869-1962

ELLIOTT PROCTOR JOSLIN died peacefully in his sleep on Sunday, January 28, at his home in Brookline, Massachusetts. He had attended church that morning and, on the preceding day, had taken part in a sound film production for medical teaching entitled, "Diabetes in Youth." Writing and teaching for the benefit of patients and medical students had continued until the day of his death, illustrating the quotation from Chaucer, engraved in the Elliott P. Joslin Auditorium at the New England Deaconess Hospital: "Gladly would he learn, and gladly teach."

Dr. Joslin grew up in Oxford, Massachusetts. As a boy, he rode horseback to school at Leicester Academy, boarded himself and his horse till Friday, and then rode the 12 miles home. He loved horses, and for years there were polo ponies on his farm, "Buffalo Hill," in Oxford. For more than half a century, the farm was the center of his family life, his first and greatest dedication. His wife, Elizabeth, often welcomed twenty or more members of the family and guests at dinner on a summer Sunday. Mrs. Joslin; three children, Mary, Allen and Elliott; nine grandchildren, and nine great-grandchildren survive him.

After graduating from Yale University, Dr. Joslin studied chemistry under Professor Chittendon for a year. He entered the Harvard Medical School in 1891 and there wrote his first paper on diabetes. A few years later, as a House Officer at the Massachusetts General Hospital, he reviewed the records of all the diabetic patients admitted to that institution from 1823 to 1898! The study and treatment of diabetes and diabetic patients became his major medical interest. Dr. Joslin was particularly appreciative throughout his life of his teachers and colleagues.

Dr. Joslin began the practice of internal medicine in 1898 and soon joined the staff of the Boston City Hospital. During the next fifteen years, many interns and residents experienced the stimulating influence of his intensely active and inquiring mind. His interests in this period covered a wide field. He wrote, conducted bedside teaching and carried on a far-ranging consultation practice, not only on the subject of diabetes but on gastroenterology, tuberculosis, typhoid fever and clinical pathology.

As a member of the staff of the New England Deaconess Hospital since its founding in 1897, Dr. Joslin became a revered figure. In 1952, he was appointed Honorary Physician-in-Chief, a position he continued to hold until his death.

Thanks to Drs. Frederick G. Banting and Charles H. Best, of the University of Toronto, Dr. Joslin in 1922 received the first insulin in New England. The use of insulin in Boston brought a flood of diabetics to Dr. Joslin. The first patient treated was a nurse, Miss Elizabeth Mudge, whose weight had fallen from 140 to 80 pounds. In connection with this life-saving discovery, Dr. Joslin often quoted Ezekiel 37: "O ye dry bones . . . I will lay sinews upon you and will bring up flesh upon you . . . and ye shall live."

In 1953, Dr. Joslin established the Diabetes Foundation, Inc., to promote research, teaching and summer camps for diabetic children with gifts from thousands of patients and friends. Camps for diabetic children, initiated in 1927, have grown so that, in 1961, the Clara

Barton Camp for girls and the Elliott P. Joslin Camp for boys gave nearly 500 diabetic youngsters treatment and a camping holiday.

Thirty years ago, Dr. Joslin bought a tract of land at 170 Pilgrim Road hoping that, at some future time, he might be able to build a clinic for the treatment of diabetic patients. In 1956, with the help of countless friends and grateful patients, the erection of a five-story building on this site by the Diabetes Foundation, Inc., provided space for the 40-bed teaching unit, for library and offices, and for research laboratories, an enduring monument to Dr. Joslin. In this building are also the offices of the doctors comprising the Joslin Clinic.

Dr. Joslin's publications were legion. His books include *Treatment of Diabetes Mellitus* and *A Diabetic Manual*, both of which have appeared in ten editions. From Dr. Joslin's long association with Dr. Francis G. Benedict, Director of the Nutrition Laboratory of the Carnegie Institution, three books concerning the metabolism of diabetes resulted: *Metabolism in Diabetes Mellitus*; *A Study of Metabolism in Severe Diabetes*; and *Diabetic Metabolism with High and Low Diet*.

Among Dr. Joslin's many honors, only a few can be mentioned. He held membership in the American Academy of Arts and Sciences, Association of American Physicians, American Philosophical Society and many other foreign as well as American societies. He received honorary degrees of Doctor of Science from Harvard University and the University of Toronto, the Distinguished Service Medal of the American Medical Association, Honorary Doctor of Medicine from the Medical Academy of Düsseldorf, the Cross of the Order of Leopold II by the Belgian Government and the Banting Medal of the American Diabetes Association. The Claude Bernard Medal of the International Diabetes Federation (Düsseldorf 1958) carried the inscription of his French honorary titles: "Membre de l'Académie Française, de l'Académie des Sciences, Professeur au Collège de France, au Musée, Commandeur de la Légion d'Honneur."

Dr. Joslin served as Chairman of the Harvard Medical School Library Committee for many years. He instituted the first physical examination for all medical students of the Harvard Medical School, carried out under the chairmanship of Dr. Roger I. Lee. While President of the Harvard Medical Alumni Association, and with the assistance of Dr. Francis M. Rackemann, he led a campaign for funds which resulted in the building of Vanderbilt Hall Dormitory.

His fondness for poetry, for the Bible and other literature led to frequent quotations, often from William James or Milton, for the benefit of students and residents. Engraved on the walls of the Baker Clinic Research Laboratory appear the following lines, which he selected:

Who learns and learns
But does not what he knows
Is one who plows and plows
Yet never sows.

Dr. Joslin derived the greatest satisfaction from translating the results of laboratory and clinical research into improved methods of treatment for his patients.

— HOWARD F. ROOT, M.D.

Report of the Friends

DURING the year that ended September 30, 1962, the Friends of the Deaconess Hospital, Inc., contributed another outstanding twelve months of sacrificial service to the hospital.

Service is our motto and without the many altruistic volunteers devoting their time and efforts to the Coffee Shop, Thrift Shop and other valuable services to the hospital, our work could not continue at such a high level.

Our very successful Coffee Shop realized a net profit of \$15,832 for 1961-62 despite additional overhead expenses and renovation. We also donated food to the hospital amounting to \$1,617.

When the Coffee Shop was closed in August for renovation, we had reports that the doctors, nurses, hospital employees and visitors missed the good food and friendly atmosphere. The Shop is open daily, week ends and in the early morning hours for the convenience of these people.

The Friends Thrift Shop finished its first season at its new location in the Deaconess Building with a net profit of \$8,331, a gain of over \$1,800 from the previous year. The shop was open 139 days and staffed by a group of 15 workers who gave over 2,000 volunteer hours. The Thrift Shop proved interesting to ambulatory patients, visitors and employees. The direct entrance on Pilgrim Road attracted many customers who were just passing by.

The Friends Gift Shop, located next to the Flower Shop in the Central Lobby, is open daily for the convenience of visitors to the hospital. The Courtesy Cart, a traveling gift shop, is wheeled to patients' rooms by a volunteer so that they may purchase necessary articles. This helps to make the patients' stay more comfortable and contributes to their morale. During the past year the Shop and Courtesy Cart contributed \$2,419 to the treasury.

The Flower Shop in Central Lobby sold \$3,821 worth of flowers and plants during the year, but the value in boosting patients' morale cannot be estimated.

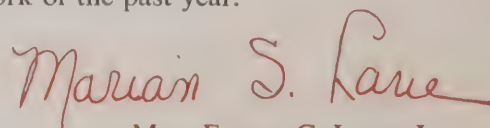
During fiscal 1962, 125 Methodist Churches in the New England area donated \$736 to the Friends of the Deaconess Hospital.

The Hospitality Committee of the Friends served many gallons of hot tea and coffee and dozens of cakes and cookies at various social functions. Fruit punch, hot coffee, doughnuts and cookies were served at the traditional Open House in the Central Lobby on December 17 to over 300 guests and employees. The Valentine Tea held in Harris Hall for the student nurses was another opportunity for the committee to offer a bountiful table laden with refreshments donated by the Board of Directors of the Friends.

Five years ago when a group of volunteers started Diversional Therapy at the Deaconess Hospital, they had only an idea; an idea and a fervent hope that they might give some relief to patients from the discomfort of long convalescing hours. The Diversional Therapy group has grown from three active volunteers to thirteen. We recently acquired a new workroom on the top floor of the Baker Building where we plan and assemble the projects, keeping them sufficiently diversified to appeal to all. We helped over 1,000 patients during the year and visited with many more who often had no other callers.

Two annual events held during the year were the "Night at the Pops" and the Christmas Bazaar, co-sponsored by the Friends and the School of Nursing. Profits amounting to \$3,132 were donated to the School of Nursing. Proceeds from a Spring Bridge Benefit, held in May, were used for the redecoration of the Sadie Hagen Memorial Room.

My personal thanks to the many volunteers, committee chairmen and members who have helped to plan and make successful the work of the past year.



MRS. EDGAR C. LANE, JR.

President



OFFICERS OF THE CORPORATION

President

FRANCIS W. CAPPER
68 Monmouth Street, Brookline 46, Massachusetts

Vice Presidents

HOWARD D. BREWER
67 Union Street, Worcester, Massachusetts

LAURENS MACLURE
Boston Safe Deposit & Trust Company
100 Franklin Street, Boston, Massachusetts

Treasurer

HENRY S. ROGERSON
50 Federal Street, Boston, Massachusetts

Assistant Treasurer

LAURENS MACLURE
Boston Safe Deposit & Trust Company
100 Franklin Street, Boston, Massachusetts

Clerk

VINCENT P. CLARKE
27 State Street, Boston, Massachusetts

EXECUTIVE COMMITTEE OF TRUSTEES

Chairman

FRANCIS W. CAPPER

JOHN BARNARD
VINCENT P. CLARKE
EDWARD DANE
THEODORE F. KOCH
LAURENS MACLURE
MRS. EUGENE H. MATHER
JAMES T. MOUNTZ
HENRY S. ROGERSON
WILLIAM B. SNOW

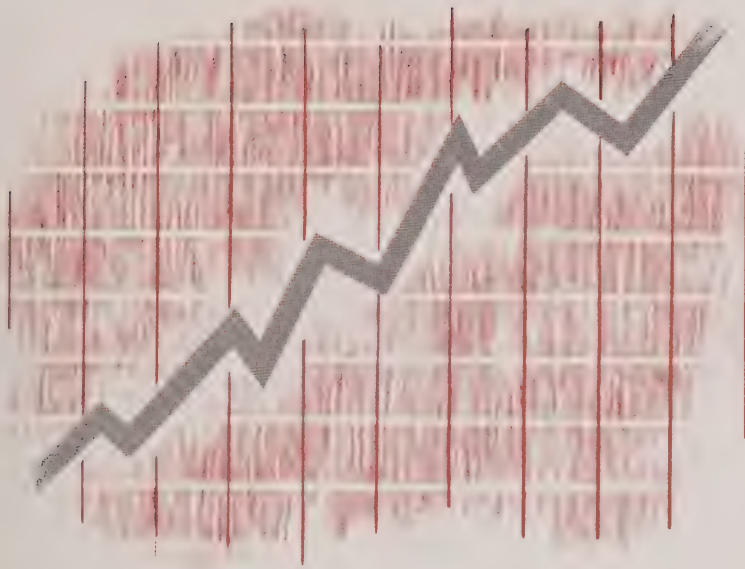
Staff Representatives

ALEXANDER MARBLE, M.D.
JOSEPH H. MARKS, M.D.

ADMINISTRATION

Executive Director
Controller and Assistant Director
Personnel Director
Night Administrator
Administrative Assistant
Director of Nursing
Administrative Assistant in Patient Services
Laundry Manager
Purchasing Agent
Public Relations Director
Credit Manager
Social Service Director
Executive Housekeeper
Director of Surgeries
Director of Volunteer Service
Director of Engineering
Chaplain to the Hospital
Chief Pharmacist
Chief Medical Records Librarian
Office Manager
Chief Dietitian

ROBERT D. LOWRY
RICHARD E. LEE
ELLEN ADAMS
JOHN F. SLAYTON
HUBERT D. SYCAMORE
ELLEN D. HOWLAND
KATHARINE C. COOK
WALTER C. EMERY
W. CLIFFORD FISHER
EDWARD G. MCGRATH
MILTON B. NELSON
LUCILE F. PALMER
HILDA T. PEACOCK
RUTH E. PENDLETON
MARY M. ROSSITER
DONALD L. SABINE
RUDOLPH L. SAMUELSON
CHARLES F. SCHRAUB
E. LOUISE SEYMOUR
BERTINA TERKELSEN
EFFIE MAY WINGER



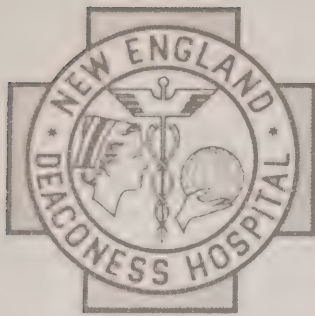
Report of the Treasurer

THE fiscal year ending September 30, 1962, shows a new record of 119,391 patient days. Because of this high level of activity the financial picture of our hospital is satisfactory. We have been able to maintain enough working capital so that we are continuing to discount all invoices.

Endowment funds increased by \$525,000 this year and now have a book value of \$3,100,000. These funds have a market value of \$3,780,000.

Our income for the year exceeded expenses by approximately 1 per cent so, despite a substantial increase in operating expense for the coming year (primarily due to a general increase in salaries), we have not increased the daily hospital service charge. We hope that it will be possible to go through the year without an increase in rates.

HENRY S. ROGERSON
Treasurer



NEW ENGLAND DEACONESS HOSPITAL

ASSETS

GENERAL FUND

Current assets:

Cash	\$ 206,293.80
Securities	257,547.04
Accounts receivable less reserve for uncollectible accounts	701,011.31
Inventories of supplies	195,731.14
Prepaid expenses	24,587.49
Total current assets	<u>1,385,170.78</u>

Due from other funds:

Endowment	7,644.33	
Plant	<u>59,884.81</u>	<u>67,529.14</u>
		<u>1,452,699.92</u>

TEMPORARY FUNDS

Cash and securities — gifts, bequests and reserves for special purposes	240,020.18
Amortization and Depreciation Fund:	
Cash and securities	<u>54,302.93</u>
	<u>294,323.11</u>

ENDOWMENT AND OTHER FUNDS

PRESENTLY HELD AS ENDOWMENT

Investments and cash awaiting investment	<u>3,100,715.50</u>
	<u>3,100,715.50</u>

BUILDING AND EQUIPMENT FUNDS

Land, buildings and equipment less depreciation	5,725,395.00
Cash and securities	<u>87,371.42</u>
	<u>5,812,766.42</u>
	<u>\$10,660,504.95</u>

NOTE: Contingent liability on notes receivable discounted \$29,166.84.

BALANCE SHEET

SEPTEMBER 30, 1962

LIABILITIES

GENERAL FUND

Current liabilities:

Accounts payable and accrued expenses including withheld taxes . .	\$ 344,583.28
Payments on mortgages due within one year	59,884.81
Total current liabilities	<u>404,468.09</u>
General Fund	1,048,231.83
	<u>1,452,699.92</u>

TEMPORARY FUNDS

Gifts, bequests and reserves for special purposes	240,020.18
Amortization and Depreciation Funds:	
Balance September 30, 1962	54,302.93
	<u>294,323.11</u>

ENDOWMENT AND OTHER FUNDS

PRESENTLY HELD AS ENDOWMENT

Funds	3,093,071.17
Due to General Fund	7,644.33
	<u>3,100,715.50</u>

BUILDING AND EQUIPMENT FUNDS

Building and equipment funds	4,554,616.24
Mortgage payable except amount shown in current liabilities above . .	1,198,265.37
Due to General Fund	59,884.81
	<u>5,812,766.42</u>
	<u>\$10,660,504.95</u>

NEW ENGLAND DEACONESS HOSPITAL

INCOME STATEMENT

For the Year Ended September 30, 1962

Hospital net income		<u>\$6,046,734.62</u>
Operating expenses:		
Professional care of patients		
General	1,648,723.01	
Special	<u>1,683,226.54</u>	3,331,949.55
Household and property		1,642,099.92
Employees' welfare		240,540.11
General services and expenses		216,401.01
Administration		<u>398,022.81</u>
		<u>5,829,013.40</u>
Surplus from operations before depreciation		217,721.22
Depreciation		<u>353,225.80</u>
Deficit from operations after depreciation		135,504.58
Other income:		
From endowment funds and funds held as endow- ment including \$6,884.33 interest during construc- tion added to cost of investment in office building and garage.	182,165.73	
Donations	62,184.32	
Miscellaneous	<u>9,458.50</u>	253,808.55
		<u>118,303.97</u>
Deduct interest		<u>51,388.22</u>
Transferred to General Fund		<u>\$ 66,915.75</u>

NEW ENGLAND DEACONESS HOSPITAL

GENERAL FUND ACCOUNT For the Year Ended September 30, 1962

Balance October 1, 1961	\$ 722,407.80
Add:	
Unrestricted legacies	205,572.46
Transferred from building and equipment funds — depreciation . . .	353,225.80
Transferred from income	66,915.75
	<u>1,348,121.81</u>
Deduct:	
Transferred to building and equipment funds for obsolescence, construction and mortgage reduction	<u>299,889.98</u>
Balance September 30, 1962	<u>\$1,048,231.83</u>

STATEMENT BY ACCOUNTANT

Executive Committee
New England Deaconess Hospital
Boston, Massachusetts

I have examined the balance sheet of the New England Deaconess Hospital as at September 30, 1962, the income statement and the analysis of general fund for the year then ended. The examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

The contract year with the Massachusetts Hospital Service, Inc., ends September 30. The final adjustment for each fiscal year is made approximately one year later. The attached statements include the adjustment for the year ended September 30, 1961, but not for the year ended September 30, 1962.

In my opinion, subject to the foregoing explanation, the accompanying balance sheet, income statement and the analysis of general fund present fairly the financial position of New England Deaconess Hospital at September 30, 1962, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

(Signed)
WEBSTER McCANN

Boston, Massachusetts
November 14, 1962

MEMBERS OF THE CORPORATION • 1963

HERBERT D. ADAMS, M.D.
 SHERMAN ADAMS
 EDWARD F. ALLEN
 MRS. WILLIAM H. AMES
 O. KELLEY ANDERSON
 KENT ANDREWS
 HAROLD W. ATKINSON
 MRS. ALFRED AVERY
 CLARENCE F. AVEY
 HERBERT J. BAILEY
 JOHN A. BAILEY
 NEWTON S. BAKER
 JOHN BARNARD
 JOHN BARNARD, JR.
 J. NORMAN BARRETT
 IRVING M. BARROWS
 LEWIS H. BECKFORD
 RAYMOND H. BLANCHARD
 LESTER L. BOOBAR
 RALPH BRADLEY
 EDWIN A. BREWER
 HOWARD D. BREWER
 F. GORHAM BRIGHAM, M.D.
 F. GORHAM BRIGHAM, JR.
 WILLIAM G. BROOKS
 THEODORE L. BUELL
 FRANK W. BUXTON
 HORACE T. CAHILL
 RUSSELL R. CAMERON
 FRANCIS W. CAPPER
 HAROLD C. CASE
 RICHARD B. CATTELL, M.D.
 SAMUEL F. CLAPP
 PAUL F. CLARK
 VINCENT P. CLARKE
 JAMES V. CLAYPOOL
 EDWARD H. E. COOLEY
 HOWARD W. COWEE
 W. WALKER COWLES
 LOUIS S. COX
 HAROLD H. CRAMER
 LEWIS G. CURTIS
 ROBERT W. CUSTANCE
 ADNA J. CUTTING
 EDWARD DANA
 EDWARD B. DANE
 E. MERRILL DARLING
 DEANE C. DAVIS
 GEORGE R. S. DENTON*
 GEORGE P. DIKE
 ROBERT G. DODGE
 ARTHUR T. DOOLEY
 PAUL A. DRAPER
 JOHN M. DRY
 RICHARD D. DRYSDALE
 JOHN A. DUNN
 CARL S. ELL
 EBEN H. ELLISON, JR.
 EDWARD L. EMERSON
 H. BIGELOW EMERSON

*Deceased

JOHN DAVID ERB
 JAMES F. FARR
 HUGH R. FARRINGTON
 THACHER H. FISK
 HERMAN T. GAMMONS
 HOLLIS G. GERRISH
 HAMILTON M. GIFFORD
 C. HOMER GINNS
 LAWRENCE H. HANSEL
 MAYNARD L. HARRIS
 H. RUSHTON HARWOOD, JR.
 CHARLES W. HAVICE
 H. DANIEL HAWVER
 HENRY E. HELMS
 ELLIOTT HENDERSON
 CHESTER A. HIGLEY
 JOHN HILL
 CHARLES E. HILLIARD
 WILLIAM D. IRELAND
 HERBERT H. JAYNES
 ROBERT M. JENNEY
 EARL JOHNSON
 ERNEST S. JOHNSON
 GORDON N. JOHNSON, M.D.
 LAURENCE H. H. JOHNSON, JR.
 LESLIE H. JOHNSON
 DURHAM F. JONES
 MRS. HARRY L. JONES
 JAMES W. KELLEY
 WILLIAM T. KING
 THEODORE F. KOCH
 GORDON D. LARCOM
 ELISHA F. LEE
 ROGER I. LEE, M.D.
 ROYAL LITTLE
 ANDREW J. LORD, JR.
 JOHN WESLEY LORD
 MRS. JOHN WESLEY LORD
 LEMUEL K. LORD
 RALPH LOWELL
 STEPHEN C. LUCE, JR.
 LAURENS MACLURE
 MRS. STANLEY MACMULLEN
 JOHN F. MANTER
 ALEXANDER MARBLE, M.D.
 DANIEL L. MARSH
 MISS MABEL MARSH
 MORRILL O. MARTIN
 MRS. EUGENE H. MATHER
 JAMES K. MATHEWS
 PAUL K. McELROY
 FRANK M. MCGOWAN
 LELAND S. MCKITTRICK, M.D.
 CHARLES C. MCPHERSON
 PHILIP I. MILLIKEN
 ROBERT H. MONTGOMERY
 SPENCER B. MONTGOMERY
 LEWIS H. MOULTON
 JAMES T. MOUNTZ
 WILLIAM H. NYE*
 WILLIAM J. OGLE

BRUCE S. OLD
 THOMAS A. PAPPAS
 MISS AMELIA PEABODY
 ENDICOTT PEABODY
 LESTER C. PEABODY
 CHARLES O. PENGRA
 JOSEPH E. PERRY
 WALTER H. PHILLIPS
 SUMNER T. PIKE
 JOSEPH H. PIKUL
 STANLEY D. PORTER
 WILLIAM M. RAND
 JOHN B. REID
 WILLIAM B. RICE
 ROY M. ROBINSON
 LOCKHART B. ROGERS
 CHARLES E. ROGERSON
 HENRY S. ROGERSON
 GEORGE I. ROHRBOUGH
 HOWARD F. ROOT, M.D.
 JAMES M. ROTHWELL
 CHARLES F. ROWLEY
 H. W. DWIGHT RUDD
 MISS DOROTHY B. SECCOMB
 J. MANLEY SHAW
 G. VAUGHN SHEDD
 CHESTER D. SHEPHERD
 CHARLES M. SHRINER
 CHARLES E. SMITH
 EVERETT WARE SMITH
 JOHN SNOOK
 WILLIAM B. SNOW
 STEPHEN SONNABEND
 JOSEPH P. SPANG, JR.
 DONALD B. STANBRO
 EARL P. STEVENSON
 HUMPHREY H. SWIFT
 ROBERT P. TIBOLT
 MISS CLARA TROWBRIDGE
 WILLIAM B. TYLER
 JAMES R. UHLINGER
 LESTER S. VANDERWERF
 H. HUGHES WAGNER
 MRS. SHELDON E. WARDWELL
 KENNETH W. WARREN, M.D.
 SHIELDS WARREN, M.D.
 LOUIS VAN N. WASHBURN
 GUY H. WAYNE
 PARKER WEBB
 HENRY W. WEBSTER
 SINCLAIR WEEKS
 WILLIAM D. WEEKS
 DANIEL C. WHITSETT
 JOHN A. WHITTEMORE, JR.
 WILBAR WHITTEMORE
 OSKAR W. WIKSTROM
 FLOYD S. WILSON
 WILLIAM W. WOLBACH
 J. WENDELL YEO
 JOHN D. YOUNG
 WILBUR C. ZIEGLER

BOARD OF TRUSTEES

CLASS OF 1963

F. GORHAM BRIGHAM, JR.
HAROLD H. CRAMER
CARL S. ELL
ROBERT H. MONTGOMERY
LESTER C. PEABODY
HUMPHREY H. SWIFT
MISS CLARA TROWBRIDGE
KENNETH W. WARREN, M.D.
SINCLAIR WEEKS
JOHN D. YOUNG

CLASS OF 1964

VINCENT P. CLARKE
PAUL A. DRAPER
JOHN A. DUNN
JAMES F. FARR
HERBERT H. JAYNES
ROGER I. LEE, M.D.
FRANK M. MCGOWAN
WILLIAM H. NYE*
MISS AMELIA PEABODY
WILLIAM W. WOLBACH

CLASS OF 1965

JOHN BARNARD
HOWARD D. BREWER
RICHARD B. CATTELL, M.D.
GEORGE R. S. DENTON*
EBEN H. ELLISON, JR.
EARL JOHNSON
JAMES T. MOUNTZ
WILLIAM M. RAND
HENRY S. ROGERSON
JOSEPH P. SPANG, JR.

CLASS OF 1966

O. KELLEY ANDERSON
EDWARD DANE
THEODORE F. KOCH
GORDON D. LARCOM
STEPHEN C. LUCE, JR.
JAMES K. MATHEWS
GEORGE I. ROHRBOUGH
HOWARD F. ROOT, M.D.
H. W. DWIGHT RUDD
WILLIAM B. SNOW

CLASS OF 1967

HERBERT D. ADAMS, M.D.
FRANCIS W. CAPPER
HAROLD C. CASE
LAWRENCE H. HANSEL
ELLIOTT HENDERSON
LAURENCE H. H. JOHNSON, JR.
ANDREW J. LORD, JR.
LAURENS MACLURE
MRS. EUGENE H. MATHER
MRS. SHELDON E. WARDWELL

*Deceased





MEDICAL ADMINISTRATIVE BOARD

General Medical Division

JAMES L. TULLIS, M.D., *Chairman*
THEODORE L. BADGER, M.D., *Alternate*

General Surgical Division

CLIFFORD C. FRANSEEN, M.D., *Chairman*
WESTON T. BUDDINGTON, M.D., *Alternate*

Joslin Clinic

ALEXANDER MARBLE, M.D., *Representative*
ROBERT F. BRADLEY, M.D., *Alternate*

Lahey Clinic

HERBERT D. ADAMS, M.D., *Surgical Representative*
FRANK N. ALLAN, M.D., *Medical Representative*
BENTLEY P. COLCOCK, M.D., *Alternate*
ELMER C. BARTELS, M.D., *Alternate*

Department of Pathology

WILLIAM A. MEISSNER, M.D., *Pathologist-in-Chief*
BRADLEY E. COPELAND, M.D., *Alternate*

Department of Radiology

JOSEPH H. MARKS, M.D., *Radiologist-in-Chief*
MIRLE A. KELLETT, M.D., *Alternate*

Secretary

R. D. LOWRY, *Executive Director*

HONORARY STAFF

F. GORHAM BRIGHAM, M.D.
ROGER I. LEE, M.D.

MEDICAL DIVISION

FRANK N. ALLAN, M.D.
THEODORE L. BADGER, M.D.
C. CABELL BAILEY, M.D.
FRANCIS G. BARNUM, JR., M.D.
CARL C. BARTELS, M.D.
ELMER C. BARTELS, M.D.
GEORGE O. BELL, M.D.
ROBERT F. BRADLEY, M.D.
ALLEN G. BRAILEY, M.D.
ROBERT E. BROWNEE, M.D.
JOHN W. CASS, JR., M.D.
ROBERT E. CROZIER, M.D.
DONAT P. CYR, M.D.
ALBERT I. C. DEFRIEZ, M.D.
JOHN B. DYNES, M.D.
B. DAN FERGUSON, M.D.
LUIS FERNANDEZ-HERLIHY, M.D.
ROBERT FLEMING, M.D.
ROBERT E. FOLEY, M.D.
FRANK P. FOSTER, M.D.
JOHN L. FROMER, M.D.
WALTER T. GOODALE, M.D.
BASIL C. GRAY, M.D.
WILLIAM B. HADLEY, M.D.
ELMER W. HEFFERNON, M.D.
ELMER E. HINTON, M.D.
ALBERT A. HORNER, M.D.
LYMAN H. HOYT, M.D.
HARRIET D. JAMES, M.D.
ALLEN P. JOSLIN, M.D.
EVERETT D. KIEFER, M.D.
LEO P. KRALL, M.D.
EDWIN J. KROEKER, M.D.
SIMEON LOCKE, M.D.
GEORGE E. MACDONALD, M.D.
JOSEPH E. MACKIE, M.D.
ROBERT J. MACMILLAN, M.D.
JAMES S. MANSFIELD, M.D.
ALEXANDER MARBLE, M.D.
L. TILLMAN MCDANIEL, M.D.
FRANCIS E. McDONOUGH, M.D.
ROSEMARY A. MURPHY, M.D.
JOHN W. NORCROSS, M.D.
F. WARREN NUGENT, M.D.
A. SEYMOUR PARKER, JR., M.D.
LEROY E. PARKINS, M.D.
CAREY M. PETERS, M.D.
M. D. PHELPS, JR., M.D.
HUGH M. PYLE, M.D.
OSCAR J. RAEDER, M.D.
CHARLES B. ROEHRIG, M.D.

SENIOR ACTIVE STAFF

HOWARD F. ROOT, M.D.
JOHN R. ROSS, M.D.
DAVID I. RUTLEDGE, M.D.
DWIGHT L. SISCOE, M.D.
M. FRANCES H. SMITH, M.D.
CARLTON R. SOUDERS, M.D.
WILLIAM B. STEVENS, M.D.
JACKSON M. THOMAS, M.D.
ROBERT F. TILLEY, M.D.
MARTIN L. TRACEY, M.D.
WALTER I. TUCKER, M.D.
JAMES L. TULLIS, M.D.
HENRY R. VIETS, M.D.
PRISCILLA WHITE, M.D.
HENRY E. ZELLMANN, M.D.

SURGICAL DIVISION

HERBERT D. ADAMS, M.D.
HOLLIS L. ALBRIGHT, M.D.
THOMAS J. ANGLE, M.D.
H. THOMAS BALLANTINE, JR., M.D.
FRANK D. BATES, M.D.
WILLIAM P. BEETHAM, M.D.
JAMES A. BOUGAS, M.D.
DAVID P. BOYD, M.D.
JOHN W. BRAASCH, M.D.
JOHN R. BROOKS, M.D.
WESTON T. BUDDINGTON, M.D.
RICHARD B. CATTELL, M.D.
BENTLEY P. COLCOCK, M.D.
EDWARD H. COPENHAVER, M.D.
HARVARD H. CRABTREE, M.D.
HOWARD R. CRAWFORD, M.D.
ERNEST M. DALAND, M.D.
ROBERT E. DESAUTELS, M.D.
VERNON S. DICK, M.D.
WILLARD E. DOTTER, M.D.
EDWARD J. DURLING, D.M.D.
CARL H. ERNLUND, M.D.
EARL E. EWART, M.D.
CHARLES A. FAGER, M.D.
LLOYD D. FLINT, M.D.
CLIFFORD C. FRANSEEN, M.D.
JOHN R. FRAZEE, M.D.
GERALD G. GARCELON, M.D.
F. THOMAS GEPHART, M.D.
ROGER C. GRAVES, M.D.
EDWARD B. GRAY, JR., M.D.
THOMAS H. GREEN, JR., M.D.
PAUL F. GRYSKA, M.D.
WALTER C. GURALNICK, D.M.D.
GEORGE HAMMOND, M.D.

E. PARKER HAYDEN, M.D.
JOHN M. HILL, M.D.
CARL S. HOAR, JR., M.D.
FRANCIS M. INGERSOLL, M.D.
VARAZTAD H. KAZANJIAN, M.D., D.M.D.
RICHARD C. KERR, M.D.
G. DAVID KING, M.D.
*CHARLES A. LAMB, M.D.
EDWIN F. LANG, M.D.
FRANK D. LATHROP, M.D.
CHARLES C. LUND, M.D.
SAMUEL F. MARSHALL, M.D.
RICHARD A. MAYO, M.D.
JOHN B. MCKITTRICK, M.D.
LELAND S. MCKITTRICK, M.D.
JOE VINCENT MEIGS, M.D.
ROBERT H. MORRIS, M.D.
WILFORD B. NEPTUNE, M.D.
KENNETH S. OLIVER, M.D.
MELVIN P. OSBORNE, M.D.
RICHARD H. OVERHOLT, M.D.
LANGDON PARSONS, M.D.
LOUIS N. PERNOKAS, M.D.
JOHN V. PIKULA, M.D.
JAMES L. POPPEN, M.D.
THEODORE C. PRATT, M.D.
EUGENE E. RECORD, M.D.
ARAM ROOPENIAN, M.D.
JOHN L. ROWBOTHAM, M.D.
ALFRED W. SCOTT, M.D.
EARL S. SEALE, M.D.
CORNELIUS E. SEDGWICK, M.D.
GEORGE W. B. STARKEY, M.D.
JOHN W. STRIEDER, M.D.
WILLIAM SWEET, M.D.
NEIL W. SWINTON, M.D.
GRANTLEY W. TAYLOR, M.D.
KENNETH W. WARREN, M.D.
ELTON WATKINS, M.D.
DON JAMES WEEKES, M.D.
FRANK C. WHELOCK, JR., M.D.
EARLE W. WILKINS, JR., M.D.
NORMAN J. WILSON, M.D.
LORANDE M. WOODRUFF, M.D.
FRANCIS M. WOODS, M.D.

CONSULTING STAFF

JOSEPH C. AUB, M.D.
JAMES B. AYER, M.D.
EDWARD B. BENEDICT, M.D.

*Leave of Absence

WALTER S. BURRAGE, M.D.
G. COLKET CANER, M.D.
EARLE M. CHAPMAN, M.D.
FLETCHER H. COLBY, M.D.
LAURENCE B. ELLIS, M.D.
SIDNEY FARBER, M.D.
OLIVE GATES, M.D.
LUKE GILLESPIE, M.D.
BURTON E. HAMILTON, M.D.
HENRY I. KOHN, M.D., Ph.D.
WYLAND F. LEADBETTER, M.D.
LEROY M. S. MINER, M.D., D.M.D.
FRANCIS D. MOORE, M.D.
DUNCAN E. REID, M.D.
ETHEL M. ROCKWOOD, M.D.
WILLIAM P. ROGERS, JR., M.D.
RICHARD P. STETSON, M.D.
GEORGE W. VAN GORDER, M.D.
RICHARD S. COTTON, D.S.C.
JOHN F. KELLY, D.S.C.
HAROLD B. KENTON, Ph.D.
ROB ROY MCGREGOR, D.S.C.

ANESTHESIOLOGY

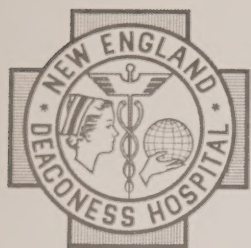
FRANCIS J. AUDIN, M.D.
JOSEPH P. CREHAN, M.D.
URBAN H. EVERSOLE, M.D.
LEO V. HAND, M.D.
STEPHEN Y. KLINGLER, M.D.
MORRIS J. NICHOLSON, M.D.
ROBERT B. ORR, M.D.

PATHOLOGY

WILLIAM A. MEISSNER, M.D.
Pathologist-in-Chief
SHIELDS WARREN, M.D.
BRADLEY E. COPELAND, M.D.
MERLE A. LEGG, M.D.

RADIOLOGY

JOSEPH H. MARKS, M.D.
Radiologist-in-Chief
MIRLE A. KELLETT, M.D.
Associate Radiologist
DAVID O. JOHNSTON, M.D.
MAGNUS I. SMEDAL, M.D.



JUNIOR ACTIVE STAFF

MEDICAL DIVISION

RUSSELL S. BOLES, JR., M.D.
EDGAR S. CATHCART, M.D.
EUGENE P. CLERKIN, M.D.
JOSEPH F. DINGMAN, M.D.
FRANK A. HOWARD, M.D.
RICHARD R. JACKSON, M.D.
RICHARD C. LIPPINCOTT, M.D.
RICHARD A. NORTON, M.D.
SEARLE B. REES, M.D.
ALBERT L. SHEFFER, II, M.D.
ROBERT D. SULLIVAN, M.D.
RICHARD W. THALER, M.D.
FRED F. WHITCOMB, JR., M.D.
DONNA YOUNGER, M.D.

WILLIAM ROBINSON HILL, M.D.
JOHN S. HODGSON, M.D.
LEWIS W. KANE, M.D.
SYLVESTER B. KELLEY, M.D.
F. WILLIAM MARLOW, JR., M.D.
CARROLL C. MILLER, M.D.
RICHARD H. NORTON, JR., D.M.D.
W. BRADFORD PATTERSON, M.D.
FERDINAND A. SALZMAN, M.D.
ESTHER SILVEUS, M.D.
HERBERT S. SISE, M.D.
LAMAR SOUTTER, M.D.
JOHN W. SPELLMAN, M.D.
LAURENS P. WHITE, M.D.
ROBERT E. WISE, M.D.
PAUL A. YOUNGE, M.D.

SURGICAL DIVISION

ERNEST M. BARSAMIAN, M.D.
R. CLEMENT DARLING, M.D.
JOSEPH B. DOWD, M.D.
KEITH MERRILL, JR., M.D.
RICHARD L. MINER, D.D.S.
PETER OLIVER, M.D.
MALCOLM C. VEIDENHEIMER, M.D.

ANESTHESIOLOGY

JULIE S. CROCKER, M.D.
ELIOT S. IRVING, M.D.
FREDERICK S. McALPINE, M.D.

PATHOLOGY

HARRY W. CARTER, M.D.
GLENNA J. CORLEY, M.D.
GILBERT H. FRIEDEL, M.D.
ROBERT L. MCAULEY, M.D.
T. ELLIOTT YOUNG, M.D.

RADIOLOGY

HARRY BAILEY, M.D.
JOHN KEOGH, M.D.

COURTESY STAFF

GEORGE G. BAILEY, M.D.
ALBERT H. BREWSTER, M.D.
BRADFORD CANNON, M.D.
HARRY W. HARDING, D.M.D.

CANCER RESEARCH ASSOCIATES

EDWARD J. BEHRMAN, PH.D.
ROBERT L. COLLIN, PH.D.
RUSSELL F. COWING
JAMES TAYLOR DUHIG, M.B., B.S.
GILBERT H. FRIEDEL, M.D.
OLIVE GATES, M.D.
DAVID L. JOFTES, PH.D.
THOMAS CARLYLE JONES, D.V.M.
HENRY I. KOHN, M.D., PH.D.
W. EUGENE KNOX, M.D.
HERMANN LISCO, M.D.
HALSEY B. LODER, M.D.
LEONID S. SNEGIREFF, M.D.
EDNA H. TOMPKINS, M.D.
CHRISTOPHER M. WISEMAN, M.B., CH.B.

BAKER CLINIC RESEARCH ASSOCIATES

ALFREDO CERVANTES AMEZCUA, M.D.
GEORGE F. CAHILL, JR., M.D.
RAFAEL A. CAMERINI, M.D.
OSCAR L. CASTANEDA, M.D.
JORGE P. KRAUTHAMMER, M.D.
ROBERT A. KREISBERG, M.D.
J. STUART SOELDNER, M.D.
ROBERT G. SPIRO, M.D.
GEORGE R. STEINER, M.D.
JURGEN STEINKE, M.D.
JAN TATON, M.D.
JOHN WILLIAMSON, PH.D.
JOSEPH R. WILLIAMSON, M.D.

The motive behind the growth of the Deaconess Hospital has been the instinct and desire to care for those who are not able to care for themselves. The need is greater today than it has ever been. Why not let skilled workers be the servants of your good will?

FORM OF DONATION

New England Deaconess Hospital
Deaconess Road, Boston 15, Massachusetts

Enclosed find \$.....as my contribution to
the free work given by the hospital.

NAME

.....

ADDRESS

.....

.....

*Make all checks payable to the
New England Deaconess Hospital, Boston 15, Mass.*

.....

FORM OF BEQUEST

I give and bequeath the sum of

.....dollars
to the New England Deaconess Hospital, a corpor-
ation duly organized under the laws of the Com-
monwealth of Massachusetts, to be used in such
manner as may be considered most expedient by
the Board of Trustees.

NAME

.....

ADDRESS

.....

.....

Date.....

